



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ORTHOPAEDIC SPECIALISTS OF AUSTIN

Respondent Name

WAUSAU UNDERWRITERS INSURANCE

MFDR Tracking Number

M4-11-3511-01

Carrier's Austin Representative

Box Number 01

MFDR Date Received

JUNE 10, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Dr. Louis Edward Seade performed an entire arthroscopic capsular contracture release (CPT 29822), but due to the moderate amount of scar tissue in the subdeltoid and subacromial area, the scope had to be removed and an additional deltopectoral incision had to be made in order to release all the scar tissue (CPT 23020). This resulted in a longer than normal operating time. Since coding guidelines do not allow you to bill for an arthroscopic and open code of the same procedure, this warrants the use of the -22 modifier on CPT 23020. It is our position that additional benefits, 20% beyond the allowable fee schedule, should be paid on this claim."

Amount in Dispute: \$243.04

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The 22 Modifier is not supported with review of the operative report and lay description of CPT 23020 of. The physician makes an incision at the front of the shoulder where the deltoid meets the pectoral muscle. The subscapularis tendon is removed from the glenoid rim. The anterior capsule is left intact. The pectoralis major tendon is severed from its attachment on the humerus. The operative report describes this procedure as open incision for sub deltoid scar release. It appears the provider is billing the 22 Modifier to encompass the arthroscopic lysis of adhesions which is global and not billable. Documentation that makes a general statement that patient had scar tissue from the previous surgery and it increased difficulty and length of time would not support a Modifier 22."

Response Submitted by: Liberty Mutual Insurance Co.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 23, 2010	CPT Code 23020-22 Capsular contracture release (eg, Sever type procedure)	\$243.04	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.

2. 28 Texas Administrative Code §134.203, effective March 1, 2008, sets the reimbursement guidelines for the disputed service.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - Z710-The charge for this procedure exceeds the fee schedule allowance.

Issues

Is the requestor entitled to additional reimbursement?

Findings

28 Texas Administrative Code §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

On December 23, 2010, the requestor performed shoulder surgery, CPT codes 23020-22 and 29826. The requestor appended modifier "22-Increased Procedural Services: When the work required to provide a service is substantially greater than typically required, it may be identified by adding modifier 22 to the usual procedure code. Documentation must support the substantial additional work and the reason for the additional work (ie, increased intensity, time, technical difficulty of procedure, severity of patient's condition, physical and mental effort required)."

The requestor noted that "due to the moderate amount of scar tissue in the subdeltoid and subacromial area, the scope had to be removed and an additional deltopectoral incision had to be made in order to release all the scar tissue (CPT 23020). This resulted in a longer than normal operating time."

The respondent contends that "Documentation that makes a general statement that patient had scar tissue from the previous surgery and it increased difficulty and length of time would not support a Modifier 22."

A review of the operative report does not support the use of modifier 22. As a result, additional reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

06/18/2014

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.